

## N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Crowl et al.

Attorney Docket No.: SUN1P380/P4501

Application No.: 09/649,270

Examiner: Vu, T.

RECEIVED

Filed: August 28, 2000

Group: 2124

JUN 2 6 2003

Title: METHOD AND APPARATUS FOR

PRODUCING COMPRESSED COMPILER PRODUCTS

**Technology Center 2100** 

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on Juste 20, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: Java M. Nulson

Lara M. Nelson

## AMENDMENT TRANSMITTAL

Mail Stop Amendment - No Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
19	MINUS	21	00	x 9 =	x 18 =
05	MINUS	05	00 .	x 42 =	x 84 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$280.00
· · · · · · · · · · · · · · · · · · ·			Total	\$	\$
	After Amendment  19  05	After Amendment  19 MINUS  05 MINUS	After Previously Paid For  19 MINUS 21  05 MINUS 05	After Amendment Previously Paid For Extra  19 MINUS 21 00  05 MINUS 05 00  Indent Claim Present and Fee Not Previously Paid	After Amendment Previously Paid For Extra Rate Fee  19 MINUS 21 00 x 9 =  05 MINUS 05 00 x 42 =  Indent Claim Present and Fee Not Previously Paid \$140.00

	Total	\$	\$				
	Applicant(s) hereby petition for a month extension(s) of time to respond to the						
	aforementioned Office Action.						
$\boxtimes$	Applicant(s) believe that no (additional) Extension of Time is required; however, if it is						
_	determined that such an extension is required, Applicant(s) hereby petition that such an extension						
	be granted and authorize the Commissioner to charge the required fees for an Extension of Time						
	under 37 CFR 1.136 to Deposit Account No. 500388.						
	Enclosed is our Check No in the amount of \$ to	cover the add	itional				
<u></u>	claim fee and/or extension of time fees.						
$\boxtimes$	Please charge the required fees, or any additional fees required to facilitate filing the						
	enclosed response, to Deposit Account No. 500388 (Order No.	. <u>SUN1P380</u> )	• !				
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Respectfully submitted,

BEYER WEAVER & THOMAS, LISP

Damon K. I. Kali